

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

MPP Medical Marijuana PAC

ADDRESS (number and street)

PO Box 77492 -- Capitol Hill

☐Check if different
than previously
reported. (ACC)

Washington

DC

20013

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00389882

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert D. Kampia

Signature of Treasurer

Electronically Filed by Robert D. Kampia

Date

04

28

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
MPP Medical Marijuana PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		42420.18
(b) Cash on Hand at Beginning of Reporting Period	42420.18	
(c) Total Receipts (from Line 19)	16146.00	16146.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58566.18	58566.18
7. Total Disbursements (from Line 31)	20000.00	20000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38566.18	38566.18
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

MPP Medical Marijuana PAC

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15250.00	15250.00
(ii) Unitemized	896.00	896.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	16146.00	16146.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	16146.00	16146.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16146.00	16146.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16146.00	16146.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		20000.00	20000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		20000.00	20000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		20000.00	20000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	16146.00	16146.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16146.00	16146.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MPP Medical Marijuana PAC

A. Full Name (Last, First, Middle Initial) Robert E Field		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 1377-C Spencer Ave		
City	State	Zip Code
Lancaster	PA	17603
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.5112
Name of Employer The Manor Group		Amount of Each Receipt this Period 5000.00
Occupation Chair and VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B. Full Name (Last, First, Middle Initial) John Gilmore		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 170608		
City	State	Zip Code
San Francisco	CA	94117-0608
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.5109
Name of Employer Self		Amount of Each Receipt this Period 5000.00
Occupation Philanthropist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) Rene Ruiz		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 3 Chilcott Pl. #2		
City	State	Zip Code
Jamaica Plain	MA	02130
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.5113
Name of Employer Intex Solutions, Inc.		Amount of Each Receipt this Period 5000.00
Occupation Financial Modeler		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MPP Medical Marijuana PAC

A. Full Name (Last, First, Middle Initial)

Mr. Alan Steinberg

Mailing Address 1501 Ventura Ave.
Ste 205

City State Zip Code
Coral Gables FL 33146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Self-employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.5117

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

15250.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)

A. BARNEY FRANK FOR CONGRESS COMMITTEE

Mailing Address P O BOX 260

City
NEWTONVILLE

State
MA

Zip Code
02460

Purpose of Disbursement

Candidate Name

BARNEY FRANK FOR CONGRESS COMMITTEE

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA

District: 04

Transaction ID: SB23.5217

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 6849 Old Dominion Drive
Suite 222

City
McLean

State
VA

Zip Code
22101

Purpose of Disbursement

Candidate Name

BLUE DOG POLITICAL ACTION COMMITTEE

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB23.5227

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. BUTTERFIELD FOR CONGRESS COMMITTEE

Mailing Address PO Box 2571

City
Wilson

State
NC

Zip Code
27894

Purpose of Disbursement

Candidate Name

BUTTERFIELD FOR CONGRESS COMMITTEE

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 01

Transaction ID: SB23.5221

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR RUSH

Mailing Address P. O. BOX 7292

City
CHICAGO

State
IL

Zip Code
60680

Purpose of Disbursement

Candidate Name
CITIZENS FOR RUSH

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 01

Transaction ID: SB23.5223

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B. CROWLEY FOR CONGRESS

Mailing Address 84-56 Grand Avenue

City
Elmhurst

State
NY

Zip Code
11373

Purpose of Disbursement

Candidate Name
CROWLEY FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 07

Transaction ID: SB23.5220

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. DIANA DEGETTE FOR CONGRESS INC.

Mailing Address P.O. Box 61337

City
Denver

State
CO

Zip Code
80206

Purpose of Disbursement

Candidate Name
DIANA DEGETTE FOR CONGRESS INC.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 01

Transaction ID: SB23.5234

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)

A. DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE

Mailing Address 430 S. CAPITOL STREET S.E.

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.5232

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of Maurice Hinchey

Mailing Address PO Box 4497

City
Kingston

State
NY

Zip Code
12402

Purpose of Disbursement

Candidate Name
Friends of Maurice Hinchey

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 22

Transaction ID: SB23.5218

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SHERROD BROWN

Mailing Address 2280 KRESGE DRIVE
Suite 800

City
AMHERST

State
OH

Zip Code
44001

Purpose of Disbursement

Candidate Name
FRIENDS OF SHERROD BROWN

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 13

Transaction ID: SB23.5215

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)

A. HOYER FOR CONGRESS

Mailing Address 7905 MALCOLM ROAD SUITE 102

City State Zip Code
CLINTON MD 20735

Purpose of Disbursement

Candidate Name
HOYER FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 05

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5231

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B. MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND STREET

City State Zip Code
NEW YORK NY 10128

Purpose of Disbursement

Candidate Name
MALONEY FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 14

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5230

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. MILLER, GEORGE

Mailing Address 105 Jose Lane

City State Zip Code
Martinez CA 94553

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 07

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5216

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)

A. PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City
Fremont

State
CA

Zip Code
94537

Purpose of Disbursement

Candidate Name

PETE STARK RE-ELECTION COMMITTEE

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 13

Transaction ID: SB23.5229

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. SANCHEZ, LINDA

Mailing Address 601 S GLENOAKS BLVD #211

City
BURBANK

State
CA

Zip Code
91502

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 39

Transaction ID: SB23.5226

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. THOMPSON, MIKE

Mailing Address PO BOX 10541

City
NAPA

State
CA

Zip Code
94541

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 01

Transaction ID: SB23.5222

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)

A. WU, DAVID MR.

Mailing Address 818 SW THIRD AVE. #1182

City
PORTLAND

State
OR

Zip Code
97204

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 01

Transaction ID: SB23.5219

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	6

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

20000.00